

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000014468

1. Entity Name  
RMA OPERATIONS, LLC



Principal Place of Business  
1506 BLACK BEAR COURT  
WINTER SPRINGS, FL 32708

Mailing Address  
1506 BLACK BEAR COURT  
WINTER SPRINGS, FL 32708



07072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-2049192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANTHONY, ALEXANDER F III  
1506 BLACK BEAR COURT  
WINTER SPRINGS, FL 32708

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ANTHONY, ALEXANDER F III 1506 BLACK BEAR COURT WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEXANDER F. ANTHONY, III & THOMAS BRADFORD 1506 BLACK BEAR COURT WINTER SPRINGS, FL 32708
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08/01/05-80011-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

407-645-3595

A.F. ANTHONY III, President 7/28/05